

# ACC INTEGRATED CARE PATHWAY FOR MUSCULOSKELETAL CONDITIONS

*ICP MSK: A Practical Guide for Osteopaths*

*Based on a member education webinar presented to Osteopaths New Zealand*  
Presented by an experienced osteopath working with TBI Health in Taranaki

Osteopaths New Zealand | Ngā Mātanga Wheua o Aotearoa

## Introduction

The ACC Integrated Care Pathway for Musculoskeletal conditions (ICP MSK) is a relatively new service model that represents a significant opportunity for osteopaths working within the ACC system in Aotearoa New Zealand. This resource is based on a member education webinar delivered to Osteopaths New Zealand, drawing on the practical experience of an osteopath who has been working within the ICP MSK framework since its predecessor programme (the HCP model) first launched.

The ICP MSK is not yet widely understood within the osteopathic profession, and a number of practitioners have had questions about whether osteopaths are eligible to participate. The short answer is yes - and this guide explains how.

### Key Message

Osteopaths are explicitly welcomed to refer patients into the ICP MSK and to receive funding under this programme. This has been confirmed directly by Rodney Ford, the national lead of TBI Health, who holds the ICP MSK contract. This is an open door for our profession - and now is the time to understand how to walk through it.

### Learning Objectives

After reviewing this resource, practitioners should be able to:

1. Understand what the ICP MSK is and what it was designed to achieve
2. Know the eligible conditions and entry criteria
3. Follow the step-by-step referral process, including working with TBI Health
4. Understand how funding bundles work and how to invoice
5. Manage ongoing reporting, goal-setting, and patient outcomes
6. Navigate common questions and edge cases, including no-shows, surgery, and referrals from other practitioners

## 1. What Is the ICP MSK?

### Background and Purpose

The Integrated Care Pathway for Musculoskeletal conditions (ICP MSK) is a service established by ACC to provide enhanced, coordinated care for injuries that are at risk of becoming chronic or that require more specialist support than a standard ACC treatment pathway can deliver.

The programme evolved from an earlier model called the Health Care Provider (HCP) model. The ICP MSK formalises and expands on this approach, with a national rollout coordinated through contracted providers - of which TBI Health is one of the most prominent.

ACC's underlying rationale for the ICP MSK is straightforward: early, appropriate intervention for the right conditions reduces the likelihood of chronicity and ultimately saves money. A

patient with a lumbar disc prolapse or ACL rupture who receives rapid access to imaging, specialist care, and coordinated rehabilitation is far more likely to avoid long-term disability than one who waits months in the standard referral queue.

### The Problem This Solves

Through standard ACC pathways, accessing an MRI or specialist appointment can take months. Under the ICP MSK, the same patient can have both within a week. For patients who meet the criteria, this programme represents a transformative shift in the quality and speed of their care.

### Key Design Principles

- Targets conditions likely to become chronic without early intervention
- Requires interdisciplinary treatment - not appropriate for injuries likely to resolve within two to four weeks
- Designed to speed up care: faster imaging, faster specialist access, faster recovery
- Patient-centred: focused on goal attainment and return to function, not just symptom reduction
- ACC-funded: the patient pays nothing under the ICP MSK pathway

### The Role of Contracted Providers

The ICP MSK is administered through organisations that hold the ACC contract for this service. These are referred to as Integrated Care Providers (ICPs). Key ICP providers in New Zealand include:

- TBI Health - the provider discussed in detail in this resource, with national coverage
- Habit Health
- Careway

Each of these providers employs a team that includes an ICP Navigator - a clinician responsible for overseeing the overall management of each patient's care, coordinating referrals, and managing reporting to ACC. Osteopaths working within the ICP MSK do not need to fulfil the navigator role; that sits with the contracted ICP provider.

### Why TBI Health?

The presenter of the webinar on which this resource is based has worked primarily with TBI Health since the predecessor HCP model launched. TBI Health's national lead, Rodney Ford, has explicitly endorsed osteopath participation and has actively welcomed osteopaths into the programme. The information in this resource reflects that relationship. Other providers, including Habit Health and Careway, may operate with different processes - practitioners are encouraged to make contact with providers in their region to understand local arrangements.

## 2. Who Is Eligible? Entry Criteria and Body Sites

### Current Body Sites

As of the time of this webinar, the ICP MSK covers three areas of the body:

Body Site	Examples	Notes
Spine	Lumbar disc prolapse, cervical conditions	Most common referral area. Prone extension dynamometer reading is the required outcome measure.
Knee	ACL rupture, complex knee injuries	Isometric extension at 90 degrees is the required dynamometer measure. Bracing can be funded.
Shoulder	Rotator cuff tears, complex shoulder pathology	Eligible for ICP MSK pathway. Similar referral process applies.

### Coming Soon

Rodney Ford confirmed at the ONZ Symposium 2025 that the eligible body sites and conditions will expand later in 2025. Head injuries are being considered for future inclusion. Practitioners are encouraged to stay connected with ONZ communications for updates as the criteria evolve.

### Inclusion Criteria

The ICP MSK is not designed for straightforward injuries. The inclusion criteria reflect the programme's purpose: to provide extra support for conditions with a genuine risk of chronicity or functional limitation.

Conditions appropriate for ICP MSK referral generally meet several of the following criteria:

- Recovery is likely to require interdisciplinary treatment
- The patient would benefit from early access to imaging (MRI) or specialist review
- Without intervention, the condition is at risk of becoming chronic
- The injury has significant functional impact - including impact on work, activities of daily living, or sport
- The patient may require psychological or occupational support alongside physical treatment

Common conditions referred by the presenting practitioner include:

- Lumbar disc prolapse
- Fractures (complex)
- ACL ruptures
- Rotator cuff tears

### **What Is NOT Appropriate**

A lumbar sprain likely to resolve within two to three weeks is not appropriate for the ICP MSK. The programme is designed for the more involved injuries - those that traditionally run the risk of becoming chronic. Being off work is not a prerequisite for eligibility, but significant functional limitation is a key consideration.

### 3. The Referral Process: Step by Step

The referral process into the ICP MSK through TBI Health is more straightforward than many practitioners might expect. Once familiar with the steps, the additional administrative burden is minimal.

#### Step 1: Create an ACC45

When a patient presents who meets the ICP MSK criteria and you are their first point of clinical contact, begin by completing the standard ACC45 claim form as you normally would. This establishes their ACC claim number, which they retain throughout the ICP MSK process and beyond.

#### Step 2: Complete the ICP MSK Referral Form

A referral form is submitted directly to TBI Health (or your relevant regional ICP provider). The form captures:

- Patient details
- Body site (spine, knee, or shoulder - only one body site per referral)
- Mechanism and nature of injury
- Any investigations already completed (include these in the referral)
- Your name and clinic details
- Which services you wish TBI to arrange (specialist referral, imaging, etc.)

#### Referral Form Availability

The ICP MSK referral form can be downloaded directly from the ONZ member portal at [osteopaths.nz.co.nz](http://osteopaths.nz.co.nz). Log in, navigate to Member Resources, and download the form from there. You do not need to create a unique document - this is a standard form available to all eligible providers.

When completing the referral, you select which interdisciplinary team services you wish the ICP provider to arrange. As an osteopath, you will typically tick:

- Specialist referral (if you believe specialist input is likely to be needed)
- Imaging (MRI or other, as clinically indicated)

You do not need to tick physiotherapy, occupational therapy, or psychology on the initial referral - these can be arranged later if needed. The ICP navigator will co-ordinate those pathways as the case develops.

#### Step 3: Send the Referral to TBI Health

Send all referrals to:

Email: [referrals@tbihealth.co.nz](mailto:referrals@tbihealth.co.nz)

The referral is then distributed to your regional TBI Health branch.

Building a relationship with your local TBI Health team is encouraged. Once they know who you are, turnaround times improve. As the presenter noted: the squeaky wheel gets the grease - don't hesitate to follow up.

### Step 4: Await the Letter of Engagement

Within one to two business days of submitting a referral (often sooner for established relationships), TBI Health will respond with a Letter of Engagement. This document contains:

- Confirmation that the patient has been accepted into the ICP MSK
- The funding bundle approved for their care
- Patient goals established by TBI in consultation with the patient
- Required outcome measures and measurement intervals
- Instructions on how to invoice

You are now approved to begin treating the patient under the ICP MSK funding.

## 4. Funding: How It Works

### The Bundle Model

Funding under the ICP MSK is provided in bundles rather than per-treatment invoicing. Bundles are approved based on the complexity of the condition:

Bundle Amount (excl. GST)	Typical Indication
\$600	Lower complexity musculoskeletal conditions
\$800	Moderate complexity conditions
\$1,000	Higher complexity conditions (e.g. ACL rupture, significant disc prolapse)

The bundle is deposited and available for use immediately upon the Letter of Engagement being issued. Payment is processed on the 20th of the month following the invoice - a reliable and consistent payment schedule, unlike some accredited employer arrangements.

### What the Bundle Covers

The bundle funding is yours to allocate across the patient's care, with clinical justification. It can be used for:

- Your own treatment sessions (invoiced at your standard ACC rate, including surcharge - patient pays nothing)
- Referral to other allied health practitioners: physiotherapists, acupuncturists, massage therapists, Pilates instructors, and others - provided the involvement is clinically justified

- Equipment such as braces: TBI Health can source and fund braces directly (e.g. a \$500 knee brace for an ACL patient - ordered with no questions asked if clinically indicated)
- Admin time: if additional time is spent on research, organising equipment, or chasing referrals, a modest admin fee can be invoiced from the bundle

### Your Treatment Rate

You invoice TBI Health at exactly the same rate you would normally charge ACC - the standard 30- or 45-minute rate plus your usual surcharge. The patient pays nothing, including no surcharge. This is a non-negotiable aspect of the programme.

## Using the Bundle Wisely

Clinical justification must underpin every use of the bundle funding. The guiding principle is: what genuinely serves this patient's recovery?

In practice:

- Referring an ACL patient for one or two massage sessions to address muscular tension is reasonable if clinically justified
- Using the majority of a bundle on massage for a patient with an ACL rupture would not be defensible
- If in doubt, ask: would I be comfortable explaining this to TBI Health if they requested my treatment notes?

TBI Health does not routinely require a breakdown of how bundle funding has been allocated. They may request treatment notes, but in practice this is infrequent. Good clinical documentation, as you would normally maintain, is sufficient.

## Applying for Additional Funding

The initial bundle is not a cap on total funding. If a patient's recovery requires more than the initial bundle, you apply for a second (and subsequent) round of funding. TBI Health will continue funding the pathway as long as:

- The patient is progressing toward their goals
- The clinical rationale for ongoing treatment is clear
- Goals have not yet been met

Some complex conditions, such as post-surgical ACL rehabilitation, may require multiple funding rounds. This is understood and accommodated within the programme.

## When Goals Are Met Early

If a patient achieves their goals and is discharged before the bundle is fully utilised, you keep the remaining funding. The recommended approach is to apply that remaining credit to the patient's account for use against future ACC-related treatment - keeping the spirit of the funding with the patient rather than withdrawing it as profit.

## **Surgery and Funding Continuity**

If a patient on the ICP MSK pathway requires surgery:

- Existing bundle funding can continue to be used for pre-operative and post-operative care
- If additional funding is needed post-surgery and you are the most appropriate treating practitioner, you can apply for a new bundle to cover the rehabilitation phase
- The pathway is designed to follow the patient's recovery arc, not to end at the point of surgical intervention

## 5. Goal-Setting and Outcome Measurement

### Patient Goals

Each patient accepted into the ICP MSK has a set of individualised goals established by TBI Health in consultation with the patient. These goals are included in the Letter of Engagement and serve as the primary measure of programme success.

Goals are functional in nature - focused on return to activities that matter to the patient rather than on symptom scores alone. Examples from real patient cases:

Patient	Example Goals
37-year-old woman, lumbar disc prolapse	Return to running; complete a planned hiking trip; perform her job pain-free; pick up her child without pain throughout the day
Male patient, ACL rupture	Build physical strength; return to work as a teacher; be active with his children with minimal pain; return to training with strength, agility and mobility; work for 30 minutes with minimal pain

Goals are set with timeframes attached - not rigid deadlines, but expected milestones that create structure and accountability for both patient and practitioner. Exceeding these timeframes reflects well on the practitioner; the expected timeframes are generally generous.

### Clinical Value of Goal-Setting

Structured goal-setting is a useful clinical discipline in its own right. It keeps the practitioner oriented to function and recovery rather than just symptom management, and it gives the patient clear markers of progress. The ICP MSK framework makes this an explicit part of care for every patient on the pathway.

### Required Outcome Measures

TBI Health requires specific dynamometer readings at set intervals (approximately fortnightly). These are the only mandatory measures required by the programme - you may conduct additional testing as you see fit clinically.

Body Site	Required Dynamometer Measure
Lumbar spine (disc prolapse)	Prone extension: dynamometer placed at T4, patient extends as hard as possible against the device. Measured fortnightly. (Note: this is a relatively crude measure - even TBI Health acknowledges this - but it is what ACC has requested at this stage of programme development.)
Knee (ACL)	Isometric extension at 90 degrees - affected side and contralateral side for comparison. Measured fortnightly.
Shoulder	As per Letter of Engagement - specific measure will be outlined for each patient

### On Dynamometers

A dynamometer is required for participation in the ICP MSK. If you do not currently have one, budget-friendly options exist from approximately \$500 - sufficient for the measurement requirements of this programme. The presenter recommends the Vald system, which includes a subscription model at approximately \$20 per week that also provides access to an exercise prescription and patient tracking platform (Vald Hub). For practitioners without an existing exercise prescription tool, this represents good value. Consistency of measurement technique matters more than the sophistication of the device.

### Fortnightly Reporting

The programme nominally requires fortnightly reporting to TBI Health. In practice, this does not mean a lengthy clinical report. A brief check-in email - one or two sentences confirming the patient is progressing, with any relevant updates - is all that is required. TBI Health will contact you if they need more information. Good practice is to send these updates proactively rather than waiting to be chased.

## 6. Practical Questions and Edge Cases

### Can Osteopaths Use This Service?

Yes. Osteopaths fall under the Allied Health Practitioner category within the ICP MSK framework. Rodney Ford, the national lead for TBI Health's ICP MSK programme, has explicitly confirmed that osteopaths are welcome to refer patients and to receive funding. There is no ambiguity on this point.

### Do Osteopaths Become the ICP Navigator?

No. The navigator role - which involves overseeing the full management of a patient's pathway, including coordinating all referrals and maintaining the relationship with ACC - sits with the contracted ICP provider (e.g. TBI Health). Osteopaths cannot take on the navigator role because they do not have the full interdisciplinary team structure required.

However, if you make the initial referral into the ICP MSK, you remain the lead point of contact for that patient's musculoskeletal management. The pathway does not get transferred away from you to a physiotherapist or another provider simply because you are an osteopath.

### What If Another Practitioner Has Already Referred In?

This is a common concern. If a patient has been referred into the ICP MSK by another practitioner (e.g. a GP or physiotherapist) before seeing you:

- The patient still holds their ACC claim number and can be seen by you as a standard ACC patient
- You can still treat them under their existing ACC number - they would pay your usual surcharge
- If the referring practitioner (e.g. a physiotherapist) has a working relationship with you, they can outsource treatment to you from within their funding bundle - you would invoice the physio, who pays you from the bundle
- If you are not sure, contact TBI Health directly to clarify the options for that specific patient

### Clarification Pending

Whether a patient referred into the ICP MSK by another provider can access ICP funding for osteopathic treatment - even if that osteopath was not the referring practitioner - was raised as a question during the webinar. ONZ is seeking further clarification from TBI Health on this point. Watch for updates on the member portal.

## No-Shows

No-shows are managed as follows:

- You can invoice for a no-show appointment - the cost is drawn from the patient's bundle
- Notify TBI Health at the first no-show
- If a patient no-shows three times, TBI Health will intervene - contacting the patient and, if necessary, suspending their funding
- The decision to withdraw funding sits with TBI Health, not with you as the treating practitioner - this removes a potentially difficult conversation from your clinical relationship with the patient

## Can the Patient Pay a Surcharge to Extend the Bundle?

No. The patient must pay nothing under the ICP MSK pathway. This has been confirmed directly with TBI Health. The bundle cannot be supplemented by patient co-payments.

## Do You Need to Report How the Bundle Was Spent?

No detailed breakdown of bundle expenditure is required unless TBI Health specifically requests it. Your standard clinical notes, which should include any referrals made to other disciplines, are sufficient. Treatment notes can be requested by TBI Health, so maintain documentation to your usual standard.

## Time Limits on Funding

There is no fixed time limit on funding. The pathway continues as long as:

- The patient's goals have not yet been met
- You are applying for and receiving additional bundles as needed
- TBI Health is satisfied with the patient's progress

When goals are met and the patient is discharged, the pathway concludes. Any remaining bundle credit should be left on the patient's account.

## Is Being Off Work a Requirement for Eligibility?

No. Significant work limitation is one factor considered in the inclusion criteria, but it is not a prerequisite. A patient with an ACL rupture who can attend work with a brace - and who is not off work - is still eligible for the ICP MSK if their condition meets the other criteria.

## Kids and Head Injuries

Paediatric injuries are not explicitly excluded, but head injuries are not yet included in the ICP MSK criteria at the time of this webinar. Rodney Ford has indicated that head injuries are being considered for future inclusion as the programme matures and expands.

## Comparing ICP Providers: TBI Health vs Careway

At present, TBI Health is the recommended starting point for osteopaths engaging with the ICP MSK. The presenting practitioner has formed a strong working relationship with TBI Health and endorses their approach.

Careway, another ICP provider operating particularly in Auckland and expanding nationally, offers some differences:

TBI Health	Careway
Actively welcomes osteopaths	More specialist-driven; some osteopaths have reported a less open approach
Straightforward admin process	May offer higher triage fees (approx. \$250) but places more admin burden on the practitioner
Good regional teams with clinical relationships	More centralised; regional variation reported
Recommended as first point of contact	Worth exploring in regions where TBI has less presence - seek more information first

## 7. Why Should Osteopaths Engage With the ICP MSK?

### For Your Patients

- Faster access to MRI and specialist care - within days rather than months
- Coordinated, team-based support including psychological, occupational, and specialist services
- No cost to the patient - they pay nothing, including no surcharge
- Structured goal-setting that increases patient engagement and accountability
- Access to equipment such as braces that would otherwise be an out-of-pocket cost
- Early intervention that reduces the risk of chronicity

### For Your Practice

- A reliable, consistent funding stream for complex cases
- Payment by the 20th of the following month - dependable and prompt
- Ability to involve other practitioners in your clinic (acupuncturists, massage therapists, Pilates instructors) under funded care
- Opportunity to build referral relationships with specialists and other allied health within the ICP network
- Admin load is manageable - once the process is familiar, practitioners with 40+ patients on the pathway report it is not burdensome
- Invoiceable admin time if additional work is required

## For the Profession

The ICP MSK represents an opportunity for osteopathy to demonstrate its value within a formally structured, ACC-funded pathway. Our profession has not historically been well-integrated into such frameworks. Engaging early, building relationships with ICP providers, and producing good patient outcomes positions osteopathy well as the programme expands and as advocacy conversations with ACC about allied health involvement continue.

### A Note on Admin

A common concern among practitioners is administrative burden. The presenter, managing approximately 40 to 45 patients on the ICP MSK pathway at any one time, describes the admin as genuinely manageable - particularly once the process becomes familiar. The benefits to patients - including access to imaging, specialist care, bracing, and multidisciplinary support at no cost - make the additional steps worthwhile. And unlike some administrative tasks, most of the ICP MSK admin can be invoiced.

## 8. How to Get Started

7. Download the ICP MSK referral form from the ONZ member portal at [osteopaths.nz](http://osteopaths.nz) (log in and go to Member Resources)
8. Contact your local TBI Health branch to introduce yourself and establish a working relationship. TBI Health has been explicitly told that osteopaths are welcome - you do not need to seek permission.
9. Ensure you have a dynamometer available - or have a plan for accessing one. This is required for participation.
10. Identify appropriate patients in your current caseload who may meet the ICP MSK criteria - complex spine, knee, or shoulder presentations where early imaging or specialist access would benefit the outcome.
11. Submit your first referral. The process will become clearer with each referral you make.
12. Contact the ONZ office at [info@osteopaths.nz](mailto:info@osteopaths.nz) if you encounter barriers or have questions about the process. We are actively working to support osteopath access to this programme.

### Direct Contact

Practitioners who have specific questions arising from working with the ICP MSK, particularly in relation to TBI Health, are welcome to contact the webinar presenter via the ONZ member portal. Questions can also be directed to ONZ directly, who will relay them to the relevant contacts within TBI Health.

## Quick Reference Summary

### At a Glance: Is This Patient Appropriate for ICP MSK?

Likely Appropriate	Likely NOT Appropriate
Lumbar disc prolapse	Lumbar sprain likely to resolve in 2-3 weeks
ACL rupture	Acute soft tissue injury with expected short recovery
Rotator cuff tear	Uncomplicated ankle sprain
Complex fracture (spine, knee, shoulder)	Conditions involving a body site not yet covered (e.g. hip, ankle, wrist - check for updates)
Condition likely to need MRI or specialist review	Conditions where interdisciplinary care is not indicated
Injury at risk of becoming chronic	

### Referral Checklist

- ACC45 created for patient
- ICP MSK referral form completed (patient details, body site, injury description, existing investigations)
- Selected required services on the form (specialist referral, imaging as needed)
- Referral emailed to TBI Health referrals inbox (or relevant regional ICP provider)
- Letter of Engagement received - review goals, bundle amount, outcome measures, and invoicing instructions
- Dynamometer measurement taken and recorded at baseline
- Fortnightly check-in emails sent to TBI Health navigator
- Goals tracked and bundle utilised with clinical justification
- Application for additional funding bundle submitted when required
- Patient discharged when goals are met - any remaining credit left on patient's account

### Key Contacts

Organisation	Contact / Notes
TBI Health - referrals	referrals@tbihealth.co.nz - send all initial referral forms here
TBI Health - local branches	Contact your regional branch to establish a working relationship
Osteopaths New Zealand	info@osteopathsnz.co.nz - for questions, support, and escalation
ACC ICP MSK portal	Google 'ICP MSK ACC' - publicly accessible information and forms

ONZ Member Portal	Referral form and further resources available under Member Resources
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*This resource was compiled by Osteopaths New Zealand based on a member education webinar. It reflects the practical experience of an osteopath working with TBI Health in Taranaki as at May 2026. The ICP MSK programme is evolving - eligible body sites, inclusion criteria, and provider arrangements are subject to change. Practitioners should verify current details directly with TBI Health or their regional ICP provider before making referrals. This document does not constitute clinical or legal advice.*

Osteopaths New Zealand | [info@osteopathsnz.co.nz](mailto:info@osteopathsnz.co.nz) | [osteopathsnz.co.nz](http://osteopathsnz.co.nz)